	APPLICATION FOR IT	NITED STATES PATENT	Docket No:
Cr.		POWER OF ATTORNEY	
As a below name My residence, po I verily believe I	ed inventor, I hereby declare that: ost office address and citizenship are as am the original, first and sole inventor ors are named below) of the subject ma	(if only one name is listed below) o	r an original, first and joint
Check one *a.  attacl	ned hereto. onas Application No	and amended on	(if applicable)
claims, as amended by a	at I have reviewed and understand the may amendment referred to above. The duty to disclose to the Office all informations.		
Title 37, Code of Federa	l Regulations, §1.56.		
	J.S. Code §119, the priority benefits of s) filed by me or my legal representative		
Great Britain Application		•	
United States of America	plication(s) for patent or inventor's cer a either (a) more than one year prior to ion(s) and/or United States provisional	this application, or (b) before the	<u> </u>
	the following as my attorneys of recordact all business in the Patent Office:	d with full power of substitution and	d revocation to prosecute this
J	Kirk M.Hudson, Reg. No. 27,562; 'Edward P. Walker, Reg. No. 31,45 Mario A. Costantino, Reg. No. 33,5 oel S. Armstrong, Reg. No. 36,430; Ch	565; Stephen J. Roe, Reg. No. 34,46	l; 71; 63;
	NCE IN CONNECTION WITH THIS A ALEXANDRIA, VIRGINIA 22320, TI		TO OLIFF & BERRIDGE,
herein of my own know further that these staten fine or imprisonment, o	that I have reviewed and understand vledge are true and that all statement nents were made with the knowledge that both, under Section 1001 of Title 18 lity of the application or any patent issues.	s made on information and belief at wilful false statements and the li s of the United States Code and tha	are believed to be true; and ike so made are punishable by
Typewritten Full Name of First or Sole Inventor	Simon Given Name	Middle Initial	TAM Family Name
**Inventor's Signature: **Date of Signature	Jonatan	/ /	rainiy italile
	JUNE	26	2003
	Month	Day	Year
Residence:	Cambridge City	Cambridgeshire State or Province	England
Citizenship:	British	State of Troymice	Country

\*If Box (a) is checked, this f rm may be executed nly when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

**Post Office Address:** 

(Insert complete

mailing address,

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